

Volunteer Application

Name		
Street Address		
City & Zip Code		
Home Phone		
Cell Phone		
E-Mail Address		
Best Time to Call You		
Do you have smart phone or computer capabilities?		
Do you have internet?		
Availability During which hours are you av available?	railable for volunteer assignments? Number of Hours a month	
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Interests		
Tell us in which areas you are i	nterested in volunteering	
Administration		
Events	Newsletter production	
Clerical	Volunteer coordination	
Fundraising	Fundraising	
Skilled Labor	Grant Writing	
Music	Hand-Made Goods	

	qualifications you have acquired from employment, previous other activities, including hobbies or sports.	
Visiting/Companionship	2	
Gift of Prayer		
Gift of Listening to Othe	ers	
Gift of Empathy		
Gift of Mercy		
Gift of Hospitality		
Gift of Caring		
Any other gifts you would l	ike to share?	
Please list any church affilia	tion/community organization:	
If yes please explain offense		
Person to Notify in Case of	Emergency	
Name		
Address		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
understand that if I am accep	on, I affirm that the facts set forth in it are true and complete. I oted as a volunteer, any false statements, omissions, or other me on this application may result in my immediate dismissal.	
Name (printed)		
Signature		
Date		
Our Policy		
	zation to provide equal opportunities without regard to race, color, der, sexual preference, age, or disability.	
Thank you for completing this application form and for your interest in volunteering with us. We will contact you shortly to sign you up for a Volunteering Orientation meeting.		
Office Use Only:		
ReviewedContacte	dOrientation Scheduled Date of Orientation	

Special Skills & Qualifications